AesthetiSpa
COSMETIC SKIN & LASER CENTER

PATIENT INFORMATION UPDATE

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Cell Phone:_____ Home Phone:_____ Work Phone:_____

PERSONAL MEDICAL HISTORY:

Please check all the Medical Conditions that apply.

		NONE	□
Acne	□	Hepatitis B or C	□
Arthritis	□	HIV/AIDS	□
Asthma	□	Keloids	□
Bell's Palsy	□	Permanent Makeup	□
Bleeding Disorder	□	Rosacea	□
Blood Clotting Disorder	□	Seizure Disorder	□
Cancer	□	Skin Cancer	□
Cold Sores/Herpes Simplex	□	Skin Lesions	□
Diabetes	□	Tattoos	□
Heart Condition	□	Thyroid Disorder	□
High Blood Pressure	□	Defibrillator/Pacemaker	□
Connective Tissue Disorder	□	Allergy to Lidocaine	□
Allergy to Latex	□	Other _____	

Are you Pregnant? □ Yes □ No □ N/A Are you Nursing? □ Yes □ No □ N/A

Do you exercise? □ Yes □ No Do you Smoke? □ Yes □ No

Please list all medication you are currently taking: (Please include vitamins, herbal supplements, topical creams, etc.) _____

_____

List any allergies to medications: _____

List all conditions for which you are currently under medical care: _____

_____

Are you currently using:

□ Aspirin □ NSAIDS (Motrin, Advil, Aleve) □ Blood Thinners

Do you use topical ointments?

□ Retin-A □ Glycolic Acid □ Lactic Acid □ Hydroquinone

Other: _____

What type of skin care products are you using? _____

Review of AesthetiSpa Policies

Cancellation Policy

Your appointment time is exclusively reserved for you. Please give 24 hours' notice before your appointment if you need to cancel. Failure to give requested notice more than two (2) times may lead to AesthetiSpa requiring a $50 credit card deposit to schedule your next appointment.

Patients arriving more than 10 minutes late for an appointment may result in a shortened appointment or may necessitate rescheduling if there is not enough time to complete services safely.

Children Policy

Our goal is to provide a pleasant and relaxing atmosphere for all patients, so we ask that you not bring children to your appointments when possible. Any child under the age of 12 must be attended by an adult who will not be receiving treatment.

We cannot be responsible for the care of unsupervised or unattended children in our reception area.

Animals/Pets Policy

Although we love animals, for the health and safety of our patients and staff we ask that you leave your pets at home during your visit. AesthetiSpa does comply with the Americans with Disabilities Act (ADA) allowing working service dogs to accompany you during your visit. *ADA does not cover emotional support or comfort support animals.

Returns/Exchanges

If you are not satisfied with a retail purchase made at AesthetiSpa, we will gladly offer you a credit which can be used toward future retail purchases. All returns or exchanges must be made within 30 days of purchase.

Electronic Devices

For the comfort of all, please mute cellular phones and laptops. To ensure patient privacy, please refrain from taking any pictures within AesthetiSpa.

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I certify the above medical history information is accurate and correct. I am aware it is my responsibility to inform the Provider of any changes to my medical history. A current medical history is essential to execute appropriate treatment.

I understand AesthetiSpa's policies as outlined and agree to the terms.

Patient Signature: _____ Date: _____

The above patient medical history has been reviewed.

Provider Signature: _____ Date: _____

* Periodically, we send mailings, e-mails or text messages to notify our valued clients of promotions, discounts, and special events. Please let us know if you <u>do not</u> wish to receive this information.